



Cigna Medical Coverage Policy

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Subject **Gender Reassignment Surgery**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2016 Cigna

Coverage Policy

Coverage for gender reassignment surgery and related services, including pre and post-surgical hormonal therapy is specifically addressed under many health benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem related to one's appearance, are considered cosmetic in nature and not medically necessary. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for gender reassignment surgery is available, the following conditions of coverage apply.

Cigna covers the following gender reassignment surgery, including pre- and post-surgical hormone therapy, as medically necessary when the individual is age 18 or older, and has confirmed gender dysphoria:

- Female-to-male gender reassignment
 - breast surgery (i.e., initial mastectomy, breast reduction) when there is one letter of support from a qualified mental health professional
 - hysterectomy and salpingo-oophorectomy when BOTH of the following additional criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals[†] with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second

referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.)

- vaginectomy (including colpectomy, metoidioplasty, phalloplasty, urethroplasty, urethromeatoplasty) when ALL of the following criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy (May be simultaneous with real life experience.)
 - the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals[†] with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.)
- Male-to-female gender reassignment
 - orchiectomy when BOTH of the following additional criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals[†] with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.)
 - vaginoplasty (including colovaginoplasty, penectomy, labiaplasty, clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), when ALL of the following criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy,(May be simultaneous with real life experience.)
 - the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals[†] with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.)

***Note: For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment therapy is required. An additional 12 months of hormone therapy is not required for vaginectomy or vaginoplasty procedures.**

[†] Note: As established by the World Professional Association for Transgender Health (WPATH), minimum credentials for a mental health professional to be qualified to evaluate or treat individuals considering gender reassignment surgery include ALL the following:

- Master's degree or equivalent in a clinical behavioral science field, or a more advanced degree, granted by an institution accredited by the appropriate national or regional accrediting board.
- Credentials from a relevant state licensing board or equivalent.
- Competence in using the DSM-5 and/or the International Classification of Disease for diagnostic purposes.
- Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.

- Documented supervised training and competence in psychotherapy or counseling.
- Continuing education in the assessment and treatment of gender dysphoria.

Cigna does not cover procurement, cryopreservation or storage of ANY of the following as part of gender reassignment for the preservation of fertility because it is excluded under many benefit plans and considered not medically necessary:

- embryo
- sperm
- oocytes

Cigna does not cover cryopreservation, storage, and thawing of reproductive tissue (i.e., ovaries, testicular tissue) because each is considered experimental, investigational, or unproven.

Cigna considers the following cosmetic in nature and not medically necessary when performed as a component of a gender reassignment, even when there is a benefit for gender reassignment surgery (this list may not be all-inclusive):

- abdominoplasty
- blepharoplasty
- breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- calf implants
- cheek/malar implants
- chin/nose implants
- collagen injections
- electrolysis
- face/forehead lift
- brow lift
- hair removal/hair transplantation
- penile prosthesis (noninflatable /inflatable)
- testicular expanders
- jaw shortening/sculpturing/facial bone reduction
- laryngoplasty
- lip reduction/enhancement
- liposuction
- mastopexy
- neck tightening
- nipple/areola reconstruction
- pectoral implants
- removal of redundant skin
- replacement of tissue expander with permanent prosthesis testicular insertion
- rhinoplasty
- scrotoplasty
- skin resurfacing (e.g., dermabrasion, chemical peels)
- surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
- testicular prostheses
- trachea shave/reduction thyroid chondroplasty
- voice modification surgery
- voice therapy/voice lessons

General Background

Gender reassignment therapy is an umbrella term for all medical procedures relating to gender reassignment of both transgender (i.e., internal gender identity is incongruent with genetic sex) and people with disorders of sexual development (DSD) (formerly known as "intersex"). The term "gender reassignment surgery," also known as sexual reassignment surgery, may be used to mean either the reconstruction of male or female genitals, specifically, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Gender reassignment surgery is part of a treatment plan for gender dysphoria. The causes of gender dysphoria and the developmental factors associated with them are not well-understood. The individual who is genetically male but whose gender identity is female, and who assumes a female gender presentation and role is known as a transwoman; and the individual who is genetically female but whose gender identity is male, and who assumes a male gender presentation and role is known as a transman.

Individuals that are transsexual, transgender, or gender nonconforming (i.e., gender identity differs from the cultural norm) may experience gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health [WPATH], 2012), including the associated gender role and/or primary and secondary sex characteristics. Gender dysphoria can be alleviated through various treatments, some of which involve a change in gender expression or body modifications, such as hormones and/or surgery. The term "transsexual" refers to an individual whose gender identity is not congruent with their genetic and/or assigned sex and usually seeks hormone replacement therapy (HRT) and possibly gender-affirmation surgery to feminize or masculinize the body and who may live full-time in the crossgender role. Transsexualism is a form of gender dysphoria. Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998).

Gender reassignment surgery is intended to be a permanent change, establishing congruency between an individual's gender identity and physical appearance and is not easily reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of gender dysphoria.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation recommending hormonal or surgical treatment should be comprehensive and include all of the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnoses
- details regarding the type and duration of psychotherapy or evaluation the individual received
- documentation of the extent to which eligibility criteria have been met
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach is individualized but generally includes three elements: sex hormone therapy of the identified gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Prior to gender reassignment surgery, patients usually undergo hormone replacement therapy, which plays an important role in the gender transition process. Biological males are often treated with estrogens and anti-

androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes HRT may be effective in reducing the adverse psychologic impact of gender dysphoria. Hormone therapy must be administered by a physician and requires ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc. Lifelong maintenance is usually required. Hormone therapy also limits fertility, and individuals should be informed of sperm preservation options and cryopreservation of fertilized embryos prior to starting hormone therapy.

The individual identified with gender dysphoria also undergoes what is referred to as a “real life experience,” prior to irreversible genital surgery, in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process assists in confirming the person’s desire for gender role change, ability to function in this role long-term, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain their baseline functional lifestyle, participate in community activities, and provide an indication that others are aware of the change in gender role.

Surgery for Disorders of Sexual Development

Surgery for disorders of sexual development consists of a series of staged procedures where the physician removes portions of the genitalia and creates either male genitalia or female genitalia.

Female-to-Male Reassignment: Gender reassignment surgery from female to male (FTM) transsexual people includes genital surgical procedures that reshape a female body into the appearance of a male body.

Breast or chest surgery, which may include subcutaneous mastectomy and/or creation of a male chest may also be performed. Other nongenital nonbreast related surgeries include but are not limited to liposuction, lipoprofiling, pectoral implants and other masculinizing procedures.

Male-to-Female Reassignment: Gender reassignment surgery from male-to-female (MTF) transsexuals includes genital procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body.

Breast augmentation may be considered when 12 months of hormone treatment fails to result in breast enlargement that is sufficient for the individual’s comfort in the female gender role. Breast surgery, which includes augmentation mammoplasty (implants/lipofilling) is a surgical procedure that may also be performed. In addition, other nongenital, nonbreast related surgeries, often considered feminization procedures, may be performed.

Other Associated Surgical Procedures

Preservation of Fertility: Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, and storage of sperm, oocytes and/or embryos) performed prior to gender reassignment surgery are considered not medically necessary.

Cosmetic Procedures: Various other surgical procedures may be performed as part of gender reassignment surgery. When performed as part of gender reassignment surgery these associated procedures, aimed primarily at improving personal appearance, are performed to assist with improving culturally appropriate male or female appearance characteristics and hence are considered cosmetic and are not medically necessary. Procedures that are considered cosmetic and not medically necessary include, but are not limited to, the following:

- abdominoplasty
- blepharoplasty
- breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- brow lift
- calf implants
- cheek/malar implants
- chin/nose implants
- collagen injections

- electrolysis
- face/forehead lift
- gamete preservation in anticipation of future infertility
- hair removal/hair transplantation
- insertion of penile prosthesis (noninflatable /inflatable)
- insertion of testicular expanders
- jaw shortening/sculpturing/facial bone reduction
- laryngoplasty
- lip reduction/enhancement
- liposuction
- mastopexy
- nipple/areola reconstruction
- pectoral implants
- removal of redundant skin
- replacement of tissue expander with permanent prosthesis testicular insertion
- rhinoplasty
- scrotoplasty
- skin resurfacing (e.g., dermabrasion, chemical peels)
- surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
- testicular prostheses
- trachea shave/reduction thyroid chondroplasty
- voice modification surgery
- voice therapy/voice lessons

Professional Society/Organization

WPATH Clinical Guidelines: The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People” (WPATH, 2012). WPATH recommendations for standards of care are based on scientific evidence and expert consensus and are commonly utilized as guidelines for individuals seeking treatment of gender disorders. In addition to breast surgeries (e.g., augmentation mammoplasty, mastectomy), according to the guidelines the following genital surgeries are considered procedures that may be performed for the treatment of gender dysphoria:

- hysterectomy
- salpingo-oophorectomy (ovariectomy)
- vaginectomy (i.e., removal of the vagina)
- metoidioplasty (i.e., clitoral tissue is released and moved forward to approximate the position of a penis, skin from the labia minora is used to create a penis, without the capacity for standing micturition)
- urethroplasty
- scrotoplasty
- insertion of erection and/or testicular prosthesis (i.e., the labia majora is dissected forming cavities allowing for placement of testicular implants)
- phalloplasty (i.e., multistaged procedure involving skin tissue grafts used to form a penis, the objective for which is standing micturition, improved sexual sensation, function and/or appearance).
- penectomy
- orchiectomy
- vaginoplasty/colovaginoplasty (the objective for which is improved sexual sensation, function and appearance)
- clitoroplasty
- vulvoplasty
- colovaginoplasty (penile inversion to create a vagina and clitoris, or creation of a vagina from the sigmoid colon)

Endocrine Society Guidelines: In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine

society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Use Outside of the US: No relevant information found.

Summary

Sex reassignment surgical procedures, including pre and post-surgery hormone therapy, for diagnosed cases of gender dysphoria should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended for the enduringly successful outcome of surgery.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Intersex Surgery: Male to Female

Covered when medically necessary:

CPT®* Codes	Description
55970 [†]	Intersex surgery; male to female
	[†]Includes only the following procedures:
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state

Intersex Surgery: Female to Male

Covered when medically necessary:

CPT®* Codes	Description
55980 [†]	Intersex surgery, female to male
	[†]Includes only the following procedures:
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53430	Urethroplasty, reconstruction of female urethra
56625	Vulvectomy simple; complete
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or

	ovary(s)
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58999 ^{††}	Unlisted procedure, female genital system (nonobstetrical)

^{††}**NOTE:** Covered when medically necessary when used to report metoidioplasty with phalloplasty.

Not Covered

Generally Excluded/Not Medically Necessary/Not Covered:

CPT[®]* Codes	Description
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89337	Cryopreservation, mature oocyte(s)
89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semen
89346	Storage (per year); oocyte(s)
0357T	Cryopreservation; immature oocyte(s)
S4027	Storage of previously frozen embryos
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4040	Monitoring and storage of cryopreserved embryos, per 30 days

Experimental/Investigational/Unproven/Not Covered:

CPT[®]* Codes	Description
89335	Cryopreservation, reproductive tissue, testicular
89344	Storage (per year); reproductive tissue, testicular/ovarian
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
0058T	Cryopreservation; reproductive tissue, ovarian

Cosmetic/Not Covered when performed as a component of gender reassignment, even when coverage for gender reassignment surgery exists:

CPT[®]* Codes	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent

	expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy, forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
17999 [†]	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction

19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599 ^{††}	Unlisted procedure, larynx
40799 ^{†††}	Unlisted procedure, lips
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

HCPCS Codes	Description
C1789	Prosthesis, breast (implantable)
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
L8600	Implantable breast prosthesis, silicone or equal

[†]**NOTE:** Cosmetic/Not covered when used to report calf, cheek, malar or pectoral implants or fat transfers performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.

^{††}**NOTE:** Cosmetic/Not covered when used to report laryngoplasty performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.

^{†††}**NOTE:** Cosmetic/Not covered when used to report lip reduction/enhancement performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.

*Current Procedural Terminology (CPT®) © 2015 American Medical Association: Chicago, IL.

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